

SEIZURES

Seizure Action Plan.....	1
Seizures	3
First Aid for Epileptic Seizures.....	4
First Aid for Seizures (Convulsions, Generalized Tonic-Clonic, Grand Mal)	5
Diastat	6
Letter to Parents - Seizures	8
Seizure Documentation	9
Seizure Observation Form	10

SEIZURE ACTION PLAN

School _____ Start Date _____ End Date _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student _____ Birthdate _____ Grade/Rm. _____

Mother/Guardian _____ Home Tel _____

Cell _____ Work Tel _____

Father/Guardian _____ Home Tel _____

Cell _____ Work Tel _____

Treating Physician _____ Tel _____

Significant Medical History _____

Allergies _____

Triggers or warning signs _____

SEIZURE EMERGENCY PROTOCOL

A "seizure emergency" for this student is defined as:

- Seizure lasting > _____ minutes
- _____ or more Seizures in _____ hour(s)
- Other _____

SEIZURE EMERGENCY PROTOCOL: (CHECK ALL THAT APPLY AND CLARIFY BELOW)

- CONTACT NURSE/CLINIC STAFF AT _____
- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other _____

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency Medication/ Instructions: _____

Call 911 if

- Seizure does not stop within _____ minutes of giving Emergency medication
- Child does not start waking up within _____ minutes after seizure stops (NO Emergency medication given)
- Child does not start waking up within _____ minutes after seizure stops (AFTER Emergency medication is given)
- Seizure does not stop by itself or with VNS within _____ minutes

Following a seizure

- Child should rest in clinic.
- Child may return to class (specify time frame _____)
- Notify parent immediately.
- Send a copy of the seizure record home with child for parents.
- Notify physician.
- Other _____

Seizure Information - Student may experience some or all of the listed symptoms during a specific seizure.

<i>Seizure Type(s)</i>	<i>Description</i>	
<input type="checkbox"/> Absence	<ul style="list-style-type: none"> •Staring •Eye blinking 	<ul style="list-style-type: none"> •Loss of awareness •Other _____
<input type="checkbox"/> Simple partial	<ul style="list-style-type: none"> •Remains conscious •Distorted sense of smell, hearing, sight 	<ul style="list-style-type: none"> •Involuntary rhythmic jerking/twitching on one side •Other _____
<input type="checkbox"/> Complex partial	<ul style="list-style-type: none"> •Confusion •Not fully responsive/unresponsive 	<ul style="list-style-type: none"> •May appear fearful •Purposeless, repetitive movements •Other _____
<input type="checkbox"/> Generalized tonic-clonic	<ul style="list-style-type: none"> •Convulsions •Stiffening •Breathing may be shallow •Lips or skin may have blush color 	<ul style="list-style-type: none"> •Unconsciousness •Confusion, weariness, or belligerence when seizure ends •Other _____

Seizure usually lasts _____ minutes and returns to baseline in _____ minutes.

Triggers or warning signs _____

Call parents under the following circumstances

1. _____
2. _____

Basic Seizure First Aid
<ul style="list-style-type: none"> • Stay calm & track time • Keep child safe • Do not restrain • Do not put anything in mouth • Stay with child until fully conscious • Record seizure in log
For tonic-clonic (grand mal) seizure:
<ul style="list-style-type: none"> • Protect head • Keep airway open/watch breathing • Turn child on side

A Seizure is generally considered an EMERGENCY when
<ul style="list-style-type: none"> • A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Student has repeated seizures without regaining consciousness • Student has a first time seizure • Student is injured or has diabetes • Student has breathing difficulties • Student has a seizure in water

Special Considerations and Safety Precautions (regarding school activities, sports, trips, etc.)

Signatures

Parent/Guardian Signature

Date

Physician Signature

Date

SEIZURES

Seizures are caused by abnormal electrical discharges in the brain. Symptoms may vary depending on the part of the brain that is stimulated, but seizures may be associated with unusual sensations, uncontrollable muscle spasms, and loss of consciousness.

Some seizures may be the result of a medical problem. Low blood sugar, infection, a head injury, accidental poisoning, or drug overdose may cause a seizure. A seizure may also be due to a brain tumor or other neurological abnormality. In addition, anything that results in a sudden lack of oxygen to the brain can cause a seizure. In some cases, the cause of the seizure may not be discovered. When seizures recur, it may indicate the chronic condition known as epilepsy.

Febrile seizures are relatively common in children younger than 5-years-old. Febrile seizures can occur when a child develops a high fever, usually with the temperature rising rapidly to 102 degrees Fahrenheit or more. While terrifying to parents, these seizures are usually brief and rarely cause any problems, unless the fever is associated with a serious infection, such as meningitis. A child who has a febrile seizure is not more likely to develop epilepsy.

What to Do

A child who's having a seizure should be placed on the ground or floor in a safe area. Remove any nearby objects. Loosen any clothing around the head or neck. Do not try to wedge the child's mouth open or place an object between the teeth, and do not attempt to restrain movements. Once the seizure seems to have ended, roll the child onto his or her side.

Call emergency medical services immediately if:

- the child has difficulty breathing
- turns bluish in color
- has sustained a head injury
- seems ill
- has a known heart condition
- you suspect the child has ingested any poisons, medications, etc.
- you have any other concerns

If the child is breathing normally and the seizure lasts just a few minutes, you can wait until it has subsided, then call the doctor. If the child has never had a seizure before, seek immediate care. For a child who is known to have seizures, call emergency services if the seizure lasts more than 5 minutes, or if the seizure is different than usual.

Always follow guidelines for medication (i.e., Diastat®) or specific procedures for handling the child's seizure that have been provided by the physician and parents.

Following the seizure, the child will probably fall into a deep sleep (this is called the postictal period). This is normal, and you should not try to wake the child. Do not attempt to give food or drink until the child is awake and alert.

For the child who has febrile seizures, the doctor may suggest that you give fever-reducing medicine (such as ibuprofen or acetaminophen) to control the fever and prevent seizures from recurring. The doctor may also recommend sponging the child with lukewarm water to help cool the child down.

Following a seizure — particularly if it is a first or unexplained seizure — call the doctor and parents or emergency medical service for instructions. The child will usually need to be evaluated by a doctor as soon as possible.

Reviewed by Mary Lou Gavin, MD, July 2003
Originally reviewed by Kim Rutherford, MD

FIRST AID FOR EPILEPTIC SEIZURES*

A MAJOR epileptic seizure is often dramatic and frightening but usually lasts only a few minutes. It does not require expert care and seldom is anything gained by transporting the student to a hospital emergency room. These simple procedures should be followed:

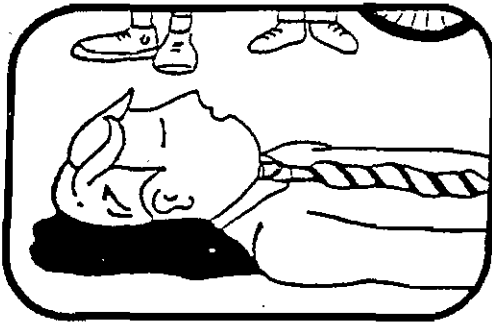
1. Keep calm. You cannot stop a seizure once it has started. The seizure will run its course. Remember the individual is not in pain.
2. If you can, ease the student to the floor and loosen the collar.
3. Try to prevent the person from striking his head or body against any hard, sharp, or hot objects, but do not interfere with his movements. You do not need to physically restrain him.
4. When the student becomes quiet, turn him on his side, face obliquely pointed downward so that saliva or vomit can drain out and is less likely to be inhaled.
5. Do not insert anything between the student's teeth. There may be violent teeth clenching as part of the seizure. Teeth may be broken or gums injured in attempting to introduce objects into the mouth.
6. Do not be frightened if the student having a seizure seems to stop breathing momentarily. Breathing will resume spontaneously. Resuscitation efforts are unnecessary and may be harmful.
7. If the student has a known seizure disorder, after the movements stop and the student is relaxed, he should be allowed to sleep or rest if he wishes. He usually returns to his normal activities as soon as he feels capable of doing so.
8. If the jerking of the body does not stop within five (5) minutes or keeps recurring, medical assistance should be obtained.
9. The parents or guardians must be notified that a seizure has occurred.

A MINOR seizure with or without motor activity may be a confusing experience for the observer.

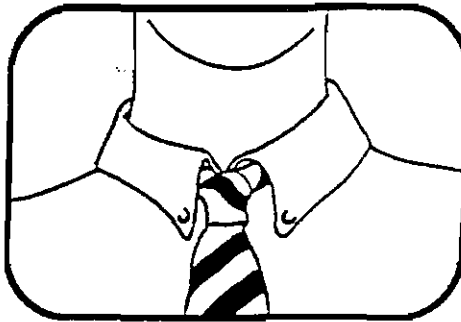
1. During such seizures, confusion or nonresponsiveness may occur and may be accompanied by the student's display of some simple nonpurposeful movements. For example, lip smacking, fingering clothing, chewing and/or rhythmic movements of the eyes may occur.
2. Do not try to restrain or forcibly move the student.

FIRST AID FOR SEIZURES

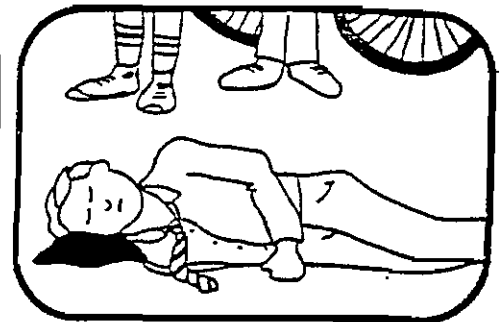
(CONVULSIONS, GENERALIZED TONIC-CLONIC, GRAND MAL)



Cushion head



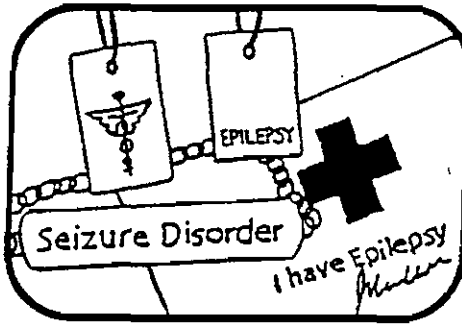
Loosen tight neckwear



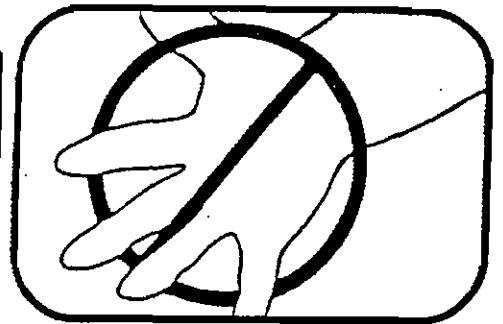
Turn on side



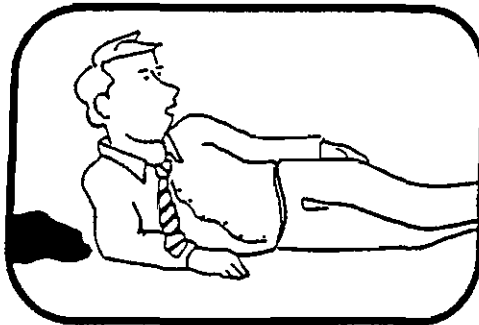
Nothing in mouth



Look for I.D.



Don't hold down



As seizure ends



...offer help

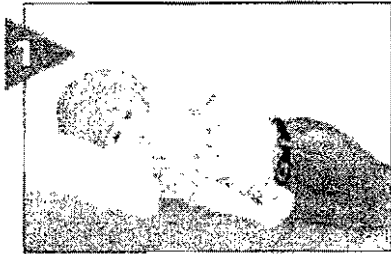
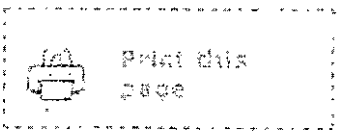
Most seizures in people with epilepsy are not medical emergencies. They end after a minute or two without harm and usually do not require a trip to the emergency room. But, sometimes there are good reasons to call for emergency help. A seizure in someone who does not have epilepsy could be a sign of serious illness.

Other reasons to call an ambulance include:

- A seizure that lasts more than 5 minutes;
- No epilepsy or seizure disorder ID;
- Slow recovery, a second seizure, or difficult breathing afterwards
- Pregnancy or other medical ID;
- Any signs of injury or sickness.

—Epilepsy Foundation of America, 1-800-EFA-1000.

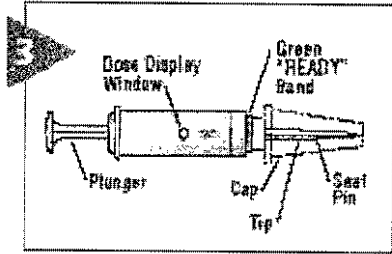
DIASTAT® AcuDial™ (diazepam rectal gel) Administration Instructions



1 Put person on their side where they can't fall.



2 Get medicine.



3 Get syringe.

Note: Seal Pin is attached to the cap.



4 Push up with thumb and pull to remove cap from syringe.

Be sure Seal Pin is removed with the cap.



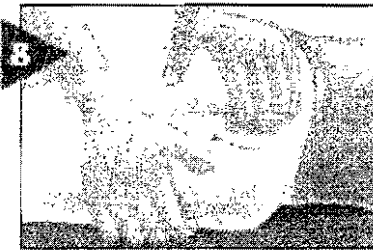
5 Lubricate rectal tip with lubricating jelly.



6 Turn person on side facing you.



7 Bend upper leg forward to expose rectum.



8 Separate buttocks to expose rectum.



9 Gently insert syringe tip into rectum.

Note: Rim should be snug against rectal opening.

SLOWLY... COUNT OUT LOUD TO THREE 1 2 3



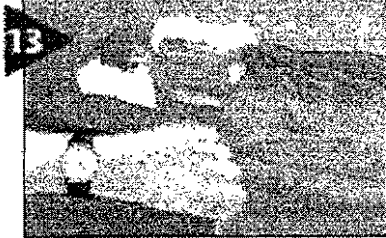
10 Slowly count to 3 while gently pushing plunger in until it stops.



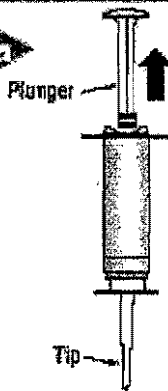
11 Slowly count to 3 before removing syringe from rectum.



12 Slowly count to 3 while holding buttocks together to prevent leakage.

ONCE DIASTAT® IS GIVEN

Keep person on side facing you, note time given and continue to observe.

DISPOSAL INSTRUCTIONS FOR DIASTAT ACUDIAL**14a**

- Pull on plunger until it is completely removed from the syringe body.
- Point tip over sink or toilet.



- Replace plunger into syringe body, gently pushing plunger until it stops.
- Flush toilet or rinse sink with water until gel is no longer visible.

SINK OR TOILET

This step is for Diastat® AcuDial™ users only

At the completion of step 14a:

- Discard all used materials in the garbage can.
- Do not reuse.
- Discard in a safe place away from children.

DISPOSAL FOR DIASTAT 2.5 MG

At the completion of step 13:

- Discard all used materials in the garbage can.
- Do not reuse.
- Discard in a safe place away from children.

14b

Diastat® AcuDial™ (diazepam rectal gel)

Call for Help if any of the Following Occur

- Seizure(s) continues 15 minutes after giving DIASTAT or per the doctor's instructions:
-
- Seizure behavior is different from other episodes
 - You are alarmed by the frequency or severity of the seizure(s)
 - You are alarmed by the color or breathing of the person
 - The person is having unusual or serious problems

Local emergency number: _____

Doctor's number: _____

(please be sure to note if your area has 911)

Information for emergency squad: Time DIASTAT given: _____ Dose: _____

DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected, refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity for patients 2 years and older. DIASTAT AcuDial is safe and well tolerated. In clinical trials, the most frequent side effect was sleepiness (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness and rhinitis (1%-5%). Please see full DIASTAT AcuDial prescribing information.

LETTER TO PARENTS Seizures

To: Parents

From: School Health Clinic

Date: _____

Subject: Seizures

You have told us that your child has seizures.

Please fill out the attached SEIZURE ACTION PLAN and return it. The *Plan* will be shared with the appropriate school personnel such as your child's classroom teacher(s). This *Plan* should be signed by the parent/guardian and physician.

Enclosure

Seizure Documentation

Name of Student _____ Date: _____

Time of Seizure: _____

Seizure lasted: _____ Seconds _____ Minutes

The following occurred before, during or after the Seizure:

_____ Seizure involved entire body from onset

_____ Seizure was confined to one part of the body. Area _____

_____ Began in one part and progressed to other parts of the body

_____ Student cried out

_____ Student became disoriented

_____ Body became rigid

_____ Jerking of the extremities observed

_____ Twitching occurred

_____ Eyes turned

_____ Fell to the floor

_____ Color change noted (pale, red, blue, white)

_____ Student urinated vomited had a bowel movement (Circle)

_____ Student was unconscious

_____ Fixed stare noted, became agitated without provocation, performed purposeful, but erratic activities

_____ Face was flushed

_____ Fixed stare only

Other characteristics observed: _____ Comments: _____

Witness signature: _____

SEIZURE OBSERVATION FORM

STUDENT NAME _____ DATE _____

TIME	IMPORTANT QUESTIONS	YOUR OBSERVATIONS
	When did it begin?	
	How did it start?	
	What did it look like?	
	When did it end?	
	What happened after the seizure?	
	Who was contacted and time?	
	Other comments:	